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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/464,346 04/22/2003 *DPR*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*DPR*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 06/24/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>DPR</i> Allowance Examiner's Signature	<i>DPR</i> Initials			

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## TITLE

Multiplexed, spatially encoded illumination system for determining imaging and range estimation

FILING FEE RECEIVED 421	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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